

CAREERS*

At Least We Should Try !

A. GORDON SIGNY, F.R.C.P.

Assistant Director of the British Postgraduate Medical Federation and
Regional Postgraduate Adviser to the South-West Metropolitan Regional
Hospital Board

LOOKING BACK over the years it is fairly obvious that there has been little or no career guidance in medicine. Apart from the odd chat with a senior – often not much senior to the young graduate himself – nothing was readily available to the newly qualified doctor about future prospects in the great variety of medical fields – prospects, that is, of training needs facilities or vacancies. Yet little was heard of any frustrations – probably because the ratio of jobs to doctors was higher and few doctors needed to remain in unsatisfying employment.

There were many gifted young doctors with brilliant student careers behind them who felt they had a chance of being appointed to the staff of their own teaching hospital and who hung on in other subsidiary posts such as anatomy or pharmacology in the hope that they would be better prepared for the next senior staff vacancy.

However, these vacancies occurred only rarely with the death or retirement of senior staff – often occurring in alarmingly rapid succession to be followed by an exceptionally long latent period – and these men mostly made their marks and found niches in other teaching hospitals or in the larger provincial non-teaching hospitals. It was mainly the highly qualified and well experienced surgeons, physicians and gynaecologists who fell into this category; they had chosen their paths in a most single minded way early on in their careers and were not to be budged from their decision and dedication.

Enquiry into other specialties often showed however that it was a chance vacancy at a particular moment which had introduced the young doctor to his final specialty – a locum HS in ophthalmology, or otolaryngology, or a junior temporary demonstratorship in pathology had provided an opportunity for an insight into a specialty not achieved during student days. Similarly, a chance locum in an attractive general practice was the determining factor for the young doctor's choice both of career and location. Maybe there was a degree of inertia, in the past, for, having started in such posts it was easier to stay in them and go up the promotion ladder, especially if the prospects looked attractive – rather than seek new fields of experience.

PRESENT DAY

Surveys of student intentions as to their careers nowadays rarely reveal many new trends, except a peculiar swing to and from general practice – the cynics will

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say that this varies with the financial rewards of general practice. However, a certain proportion of medical students, especially those from medical families, have, as would be expected, already made up their minds when they start at medical school that they will be following in father's or uncle's footsteps into a particular branch of medicine. The difficulty about the other students is that they do not have much insight into the great variety of possible careers in medicine and are rather heavily exposed in their formative years to the attraction and glamour of the senior medical, surgical and gynaecological consultants and their work. Which young medical student does not have a secret desire to become successor to the Knight who is so brilliant a surgeon and successful a man!

The students necessarily spend the greatest amount of their clinical time in the general medical and general surgical wards and out-patients and the brightest and more ambitious students will be fired with ambition and set their aims and aspirations at this high level.

The next exposure to general medicine and surgery is at the pre-registration year when another full year may be spent as resident. This orientation towards hospital specialist medicine, often in the climate of thinly veiled criticism of the general practitioner who sends the patients – especially by the junior and middle grades of hospital staff – creates an unfortunate impression on the student towards general practice and it is little wonder that those not already committed, and who have seen little or nothing of general practice, do not even consider this as a possibility unless they fail to get on the consultant ladder. This tends to produce a frustrated general practitioner, perhaps with an F.R.C.S. or M.R.C.P. to show for his years of hospital apprenticeship.

I believe that there is inadequate exposure of undergraduates in their formative and impressionable years to the many facets of medicine in its widest possible range, not only for their educational and training importance but also to provide an insight into careers which are available and the great satisfaction which can be obtained in most of them. Even now only one or two weeks, either compulsory or as an elective period, may be the total amount of time devoted in the curriculum to an introduction to general practice – or family practice or the practice of primary medical care. In a very recent visit to a country hospital I found some recently qualified doctors who had had no lectures on, nor contact with any general practitioners throughout their whole student curriculum!

In some new medical school considerable thought has been given to a reorientation of the whole curriculum so that students are given this view of medicine – i.e., family and community medicine as the first priority. Every course is built up thereafter on this basis. In a new medical school in Turkey students are exposed from the very beginning to general practice, family practice and community medicine and have to assist in such practices for a number of hours each day from their first year as medical students – thus providing a proper orientation. After all, if some 40 or 50 per cent of our students are destined to become general practitioners we surely must encourage the proper teaching of good general practice as soon as possible in their careers. To emphasise this same point once more, vocational training programmes for general practice, which are now being advocated for two or three years of post-registration training, are still so

arranged that two out of the three years will be spent in *hospital* posts – thus making a total of seven out of the student's total of eight years (or eight out of nine if three years vocational training are needed) to be spent in *hospital practice* and only one in the *total general practice* atmosphere.

CAREER GUIDANCE

I have made a practice of speaking to individuals and to groups of junior doctors and discussing their career prospects with them and am aghast to find that hardly one of these young men and women have ever spoken to anyone but their immediate seniors about their careers, and even that is rare.

In one general practice which has taken some 100 senior medical students over the years, it was found that only about ten had a firm idea of what they wanted to do, and another 20 had a vague idea as to their future but the majority were looking to the final examinations and no further.

Dr. J. O. F. Davies, Secretary to the Council for Post-graduate Medical Education, has said on the C.C.T.V. to London Medical Schools that out of a cohort of 100 graduates about three will become consultants in general medicine and a similar number in general surgery, four will become anaesthetists, two obstetricians, between four and five psychiatrists, two radiologists, two traumatic and orthopaedic surgeons, four pathologists. Then in practically all the other disciplines less than one in that 100 will become consultants. There will be a need for more than 50 of that cohort of 100 in general practice. This must surely be publicised as widely as possible and must be the basis of career guidance taken together with the inclinations and the aptitudes of the young doctors.

Occasionally a H.S. will have been recommended by his chief to go off and take his Primary F.R.C.S. before taking another job if he wishes to continue in surgery and similarly the hurdle of the Membership looms large in the vision of young H.Ps. and S.H.Os., but this is only regarded as a barrier to be overcome after which he will look around and apply for posts. Most of the career guidance at this level comes in fact from chance discussions between fellow students, house officer colleagues and registrars.

What we must avoid at all costs is the 'drifting post-graduate'. Some post-graduates have seen the 'charts' and the 'starred' careers but have taken little or no notice of them, yet the published figures show how slender are the chances of the average student to rise from S.H.O. to Registrar and on to Senior Registrar. Yet when questioned they are mostly prepared to take this chance in order to do surgery (or medicine or gynaecology). They therefore prepare themselves for Primary and Fellowship exams and will have held S.H.O. and Registrar posts with a great deal of surgical experience only to find that they are baulked at the next level. After years of hard grind and donkey work and long, long hours of emergency and casualty posts, they give up the ghost and go abroad. What a waste to this country and yet who would blame them? Occasionally one meets a senior 'time expired' Registrar and even now still a 'time expired' Senior Registrar who refuses to go abroad for a variety of family reasons or because he values the quality of life – medical or non-medical but more often the latter – which obtains in this country.

Many worse circumstances may be found amongst some of the overseas graduates who, though filling many junior posts, seem rarely to achieve Senior Registrar status which could lead to a consultancy. Yet many of them are now occupying their fourth or fifth consecutive surgical or gynaecological post in hospitals where, of course, their extensive and recent experience will be of the greatest value – but they could hardly be said to be occupying training posts, nor are they in any way consolidating their careers.

Yet if you murmur to any of these doctors that there are 83 consultant vacancies in radiology in the country as a whole or suggest re-training, they are hurt that they should be so relegated and regarded as failures! When you press further you find that they are not even vaguely aware of what a consultant radiologist really does or what his department undertakes. They have never really been exposed to the range of work of such a department either as undergraduates or postgraduates. Perhaps more academic departments of radiology are required to give the specialty increased academic status not least in the eyes of the student.

How can we ensure an adequate supply of consultants in this specialty and others which are undersubscribed? How can you persuade a young doctor that in your opinion he would be well suited to a post in laboratory medicine – that you think his scientific outlook and background training is ideally suited to a career in say, clinical chemistry, when he believes he is God's gift to surgery?

Occasionally, easy passage to a consultancy with good planned posts and perhaps smooth promotion will attract a man when he faces what was described to me by a bright young graduate as the 'rat race' in other popular specialties. However, it may be true that this very competitiveness does produce the top men whereas other methods may encourage mediocrity. I do not fully subscribe to this but there may be a germ of truth in it. Progress in a specialty must be neither too easy nor too hard. We must, however, positively encourage anyone with an aptitude towards those specialties which have obvious and readily achieved goals, and perhaps discourage the long-term plodder who may reach consultancy later in life after long experience and much heartache for himself and his family, but with little or no flair.

In the projected redistribution of manpower much thought must be given to the redistribution between the North and the South and between university and district hospitals, and as many firmly and intelligently linked appointments as possible must replace the old rather inbred ladders of promotion of some famous hospitals.

The most important preliminary to this must be a great drive in career guidance.

FUTURE CAREER GUIDANCE

How can we start at least to make general practice and the 'minor' specialties attractive? Are there perhaps special aptitudes which the educationalist and careers specialist could identify for us which would enable us very early to spot a man clearly marked out for radiology or biochemistry or ophthalmology for example (we all easily recognised the potentially successful gynaecologist, even as students!). If so, what inducements can we offer such a man to make him

believe that he has this potential and also possibly as high a future as if he went into neurosurgery.

With the Colleges and Faculties all proposing new and lengthy training schemes and granting recognition of posts for vocational training, we should know the manpower position clearly and match it to the demands of each specialty and the opportunities already existing. Perhaps this could be done by some 'negative' direction by limiting the number of registrar posts in the popular specialties which offer little future to so many registrars, and positively increasing the number of registrars in other specialties such as anaesthetics, radiology, pathology, haematology, biochemistry, bacteriology, E.N.T., ophthalmology, etc. Senior Registrars are already restricted and we must go further down the ladder and prevent young doctors becoming too committed in the overcrowded specialties. Yet this will have to be equated to the heavy service demands in the main clinical disciplines in hospitals. Perhaps this is where increased involvement of the general practitioner in positions of responsibility – non training posts – in hospitals will be most helpful.

It should also be noted that even when he has decided upon a speciality, a young doctor still needs guidance within the speciality. This decision sometimes needs to be taken rather too early before the man has had a good look around the prospects within the speciality. For instance, specialisation in orthopaedics can really only take place after the Fellowship and now there are planned training programmes in several regions. In pathology, where in this country we no longer train or employ general pathologists, specialisation within pathology has to be decided upon perhaps too early – in order to take that one subject within pathology even at the Primary examination level (albeit together with a multiple choice paper which covers the whole field). Perhaps this sort of guidance will become easier when vocational training programmes have eventually been agreed. But even this would not be enough unless at the same time these new posts were seen to be attractive training posts with bright career prospects.

Talks on careers in medicine are as important to the fourth and fifth year medical student as they are to the sixth former at school. Yet at schools they have careers masters, speakers and lecturers available all the year round.

Who shall undertake this guidance? It could be the Medical School Dean or Sub-Dean appointed by the School to deal with the new graduates in their pre-registration year, but my experience is that they are usually pretty fully committed with school and hospital and university affairs as well as their own speciality. Each School should, however, have a careers section in the Dean's Department and should arrange series of talks by senior and successful practitioners of all the branches of medicine. First and foremost a successful family doctor. He should be in an established general practice, preferably group practice or in a Health Centre, on the senior teaching staff of the Medical School and dedicated to spreading the doctrine of family practice. In addition to undertaking teaching in the hospital and in the practice he should regularly take students into the practice working there for not less than a month at a time. Such elective periods in other specialties are already useful for career planning.

The physicians and surgeons should be allowed their say (!) but only in the context of the whole series of talks by all other specialists. T.V. might also play a part, and career guidance programmes on medical television channels might be at least as important and rewarding as talks on obscure endocrinology. The wide sweep of medicine with all the opportunities which present, particularly with details of careers which a young doctor normally rarely thinks about like public health or community medicine, epidemiology, venereology, physiology, aviation medicine, the newer forms of medical administration and even medical journalism would make a wonderfully fascinating picture and would, I believe, be compulsive viewing for the medical student and young graduate. This material could be shown at medical schools and the medical centres where the Postgraduate Deans and Clinical Tutors must, I feel, make career guidance one of their important duties.

Career guidance should thus be the responsibility of the Postgraduate Committee in each region. For the time being, only broad guide lines can be laid down, and detailed guidance will only be possible when the Council for Postgraduate Medical Education, the Royal Colleges and their Faculties, the Department of Health, and the Universities have an agreed policy on manpower for the professions a whole and for each specialty within the profession, when vocational training programmes have been agreed and recognised, and specialist registers inaugurated.

This may sound a long way off, but it is surely a matter of urgency that we press for a solution to the chaos which exists and which is reflected in the bewildered and perhaps cynical outlook of our young doctors. At least we should try!

BOOK REVIEW

ANTIBIOTIC AND CHEMOTHERAPY by L. P. Garrod, M.D., Hon. LL.D., F.R.C.P. and F. O'Grady, T.D., M.D., (Lond.), M.Sc., M.R.C.Path. Third Edition (Pp. ix+499; figs 39. £3.50). Edinburgh and London: Livingstone, 1971.

THIS third edition is an expanded version of its predecessor retaining its qualities and general format, and adding new stores of information and advice of wide importance. The contents are clear, well-balanced, authoritative, and informed with commonsense; qualities that experience leads one to expect of this useful and important work.

It should be available in every practice, hospital ward, teaching department and laboratory—there can be few fields in medicine where it does not have some part to play, and few to whom it cannot offer some practical use. It would be difficult to overstate its value, and it is a very good buy.